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LEADING ARTICLES

LONGEVITY.

ALBERT S. ASHMEAD, M. D.

NEW YORK.

To be a centenarian you need not be painfully virtuous, or brilliantly intelligent, nor can you be a fool.

A writer has said: "The best scholars in our colleges survive the rest; virtue like intellect tends to longevity." But both of these qualities are acquisitions main, and built upon an inherited foundation. Tenacity of will in every case is their real architect and builder. A man is good merely because he wants to be good, and for no other reason. His cells force him to be what he is, whether virtuous or intelligent, or both.

The primary (physical) conditions of longevity are believed to be that the heart, lungs and digestive organs, as well as the brain, should be large. If such be the case, the body will be long and the limbs short. Therefore the person will appear tall when sitting and short when standing. The hand will also have a long and rather heavy palm, but short fingers.

The nostrils denote large lungs, if large and open. A small or pinched nostril usually indicates a weak chest. These are, in general, the signs of longevity, but, of course, there are the usual individual exceptions.

Bacon, the philosopher, believes in outward signs of long life. He put his faith in the following: Slow growth, coarse hair, rough skin, with deep wrinkles in the forehead, firm flesh, a large mouth, wide nostrils, strong teeth, set closely together, and a hard gristly ear.

But there are other conditions important to longevity, mental and psychical, not physical. They are: Slowness of mental and moral maturity, a not too critical or susceptible virtue, the stoical hardening character of heart, a tendency of taking pleasure in rendering more or less cruel judgments, and the willingness to accept, philosophically, things that happen and just as they come. These are mental and moral traits, or brain-cell qualities, of peculiarity in temperament; and when persistent through life, or longer than usual, for all children have them more or less, together with inherent power of the individual's blood and tissues to protect the body from onslaughts of germs, especially the tubercle bacillus, as belongs to persons predisposed to chronic rheumatic affections, they tend to render the possessor immune to an early decay in spite of himself. Of course there may be some danger to such as possess them from a shot-gun, for they are usually hard characters to get along with. But characteristics like virtue and intellect, per se, have not much to do with longevity, Prof. Higginson whom I quoted, to the learned contrary, notwithstanding. To be sure, temperance or moderation in all things, the good as well as bad, is a virtue, of supreme moment to long life; that is to say self-denial exercised against all excesses good and bad. And an active mind and will-power, will develop the brain and its functions, for no one can stand still in life's battle; he must either go ahead mentally or fall behind. But both virtue and intellect are consequences of wise-living, rather than causes of long-living; they may even be inherited instincts of the short lived. A man will develop both of them by command of his inherited cells independent of long living. But any one foreordained to live long could do so even if both these qualities were acquisitions after birth or were inherited very slightly.

The true secret of longevity is to be found in the inherited cells of brain and tissues, certainly the nervous tissues, and in their

demands and restraints, and not at all in any special method of life

The Irish and Jewish races, according to health statistics, have furnished the most centenarians, and under that moral government of mankind, we call "civilization." These are two races, most persecuted in our civilized past.

The weaker ones having died out the stronger survived to breed succeeding generations. Thus increased vitality (endurance) of mind and body generated in the families, and these have handed down resistance to circumstances of life, climate or fate. The fittest always are prone to live.

But what constitutes fitness to live? Is it mere virtue or intellect, or something more serviceable?

Before civilization of man began savages and cannibals survived by the very same methods in operation now; the ablest, those strongest, who were the most cruel (of easier conscience we would now term it) those who could and would kill their enemy first, or who were most prudent and had escaped or run away from the dangers to life of the time, were the "fittest" to transmit to successors those very traits that were necessary to save them, and which were permitted by their conscience, or whatever they called it then.

What, in God's name, has virtue or intellect (outside of the value due to quick or correct thinking) to do with human capacity and will to live! There are many Japanese centenarians, for example, as well as our more virtuous Irish and Jewish ones. Certainly a Japanese centenarian does not live long because of his virtue! Living at all in Japan, is in spite of the grossest vice not in one thing, but in many. In fact centenarians everywhere on the globe, are persons of extremely strong capacities, or propensities in the flesh, rather than of mind, call them moral or immoral, as you will; though centenarians may be "crazy," they are never fools.

I knew an old darkey on a Virginia plantation who was 96 years of age. Yet he had played stallion at his white Christian masters' command all his life to the wench slaves. His special breed of Africans was superb physically, in every way, strong, capable of resisting germs, no doubt long lived. But the most valuable legacy he could transmit to his numerous offspring was sound common sense, a mental attribute and their very best inheritance. This old darkey's white master was an old Virginia gentleman, an "F. F.V.," doubtless one of "intellect and virtue." He was a graduate of Charlottesville, and a vestryman in the Episcopal Church. But the old darkey had little intellect and less virtue. Nevertheless the old darkey had the good sense not to kick against his fate on a little question of morality. He accepted his lot in life, and was wise. He lived long because he did not refuse to do what his inherited cells pleasure was. They demanded of him his certain activities, and he did as he should do, used them. His refusal to obey their commands would have violated his very nature and perhaps shortened his life. This ignorant old darkey being asked how he lived so long replied: "I eat before I get hungry; I drink before I get thirsty; and I sit down before I get tired." Nature requires that the fittest shall survive, and it does not include virtue or intellect in its curriculum at all. The fittest savage or cannibal or ignoramus, will survive as well.

The sane man lives and will adapt himself to changing environments (necessities); an insane one will destroy himself. Thus it is with the body too. With these cells to begin with a man may live long in spite of inimical circumstances. Tobacco and alcohol are both good for the one who is born with the cells of long life.

I belong to a specially long-lived family, whose members have always lived to the nineties and hundreds, one even to 107. Yet their grandfathers and grandmothers never set the world on fire intellectually or virtuously; never strained themselves beyond their natural and limited capacities of mind and body. But they all had good horse sense. They were satisfied with life's sunshine or shadow as God sent it to them. They kept out of the limelight, took their back seats in the world's affairs willingly, ate plainly what was found to be good for them; and as old age crept over them, they relinquished, one by one, for their own salvation, the good things of life, and patiently took Nature's whippings without murmuring. Mental discipline and activity were with all of them until the end came. They tortured not their soul with yearnings for what their capacity or capability did not entitle them to receive. And they died, some of them, of burst apoplectic decrepit arteries, the result of too much meat, or too much starch, as the atheroma or turning into bone of old blood vessels would imply, but they lived out their days, according to the life of the inherited cells, and their demands made upon them, through natural appetites, entitled them to do. They never went contrary to their natures.

What is born in the flesh cannot so easily be put aside. Live naturally and not by rote and rule, and strictly according to what your own mental and bodily inclinations show your nature to be, and you will live

long and be happy. Don't try to be something else than you really are. Do nothing to cause yourself uneasiness; be moderate and fair to your inclinations good and bad; and in your dealings with your fellowman. Be just, be conscientious, do your duty according to the light within you, and not by somebody else's light.

GLIMPSES OF EARLY ST. LOUIS MEDICAL HISTORY.*

CHAPTER II.

W. B. OUTTEN, M. D.

ST. LOUIS.

Dr. Adam Hammer.

He was just as he was, no more nor no less. He served with all the intensity of a truly loyal soul those who trusted him. He despised cant and hypocrisy, those much used adjutants of Satan. He held falsehood as a rank and venomous thing to be absolutely abhorred or eternally ablated. He would argue, discuss and contend with the wise, whether they said little or much, with fools he would not associate. He was a born enemy to ignorance, a thing which must be corrected or prevented. He would salute, praise and respect honor, justice and good judgment. He would indeed defend all these at the hazard of his life. Yes, he deeply and devotedly, loved truth, the eye of reason, the canesthesia of a moral soul. He would fight till death any and all assailing his right to thought and speech, and unlike King Lear, he would eat fish in spite of man or worlds of men.

Among the strong, definite and highly educated physicians of St. Louis, none of them were in general the superior of Dr. Adam Hammer. Although a man of stubborn and definite opinion none could any more manfully and gracefully accept common sense, truth and fact. His great ambition was to be as near perfect in his vocation as it was possible. He was remarkable for the breadth of his learning and his constant enthusiasm for every great and commanding movement in the annals of medicine begat in him a most fervid commendation. He was steadfast and determined and almost feverish in his desire for the advancement of medicine.

Dr. Adam Hammer was born in the Grand Duchy of Baden, Germany, December 27, 1818. He received a thorough preliminary and medical education in the leading German Universities. I believe that he graduated at Tuebgening. He was broadly posted and an omniverous reader, and he delighted in the philosophy of Fichte, Hegel and Kant The first time I attended the Hegelian club, (this club in warm weather met at the old Tivoli Garden, corner 4th and Elm streets, out amidst the trees and grouped about the tables, the Hegelian Club held their weekly meetings.) Beer, that civilizing fluid, which makes some fall and others the happier rise, gave insistence to this philosophy.

Dr. John W. Watters, with Wm. T. Harris, and Dr. Adam Hammer, were the moving spirits in this philosophical organization. Dr. Watters in many respects was a remarkable man and by nature a philosopher. He had the exceeding high forehead, the far off looking eyes, scanty hair and wonderfully ample whiskers. He became an admired, highly respected and oft-quoted authority upon the subject of the "Conservation and the Correlation of Forces." He was known throughout Europe in this connection and received from Carpenter, the great English physiologist, letters, of a highly commending character.

Dr. Wm. T. Harris, then a resident of St. Louis, has been United States Commissioner of Education for a great many years. He was a regular attendant of this club. Here amidst the trees, well armed with steins and cheroots, they despised all danger, for true courage is the result of reflection, and made their brains absorb innumerable facts to build a theory. You know there was corn in Egypt, and there was that dried death they called the mummy, so that between corn, mummies, and Egypt's first-born, did we all learn Hegelian philosophy.

Now, Dr. John W. Watters, in his firm and commanding way, would say: "Here is a grain of corn, and this grain of corn has lain buried and unknown with this mummy for over 6000 years. Lo, and behold, if we take this grain of corn and place it in the ground where it can get heat, light and moisture, it germinates and multiplies itself many fold. Now, then the question arises which is the great pith and point of this our Hegelian philosophy? Is this grain of corn which has lain for 6000 years or more in the body of this mummy, is it dead or is it alive? and here permit me to maintain in the most positive manner that it is neither dead nor is it alive, but that is both. That is to say, it is dormant. It can only become alive when the proper conditions are brought to bear to make it re-born itself. Unless these proper conditions are brought to bear it would lay dormant many thousand years more. Therefore, nothing can be nor does

*Read before the St. Louis Medical Society, March 7, 1908.

NOTE.—Chapter I of this series, dealing with the life of Drs. Joseph Nash McDowell and M. M. Pallen appeared in the Medical Fortnightly, March 25, 1908.

exist except as the conditions make them. Sir, this table is not a table, it is only the conditions by which it is surrounded that can and does make it a table."

I met at this Hegelian Club week after week and slowly labored amidst mental confusion to understand the aim and purport of Hegelianism until I read a little paper called "The Owl," which unwittingly aided me so that I was enabled to formulate Hegelanism, and thus it runs: You cannot tell A from B, nor B from A, without the intervention of X, which is both and neither. Thus went on the discussion. It was taken from one thing and then applied to another. It was made to adapt itself to every condition of life, but one thing I know and learned it well, yes learned it awful well, that the more you philosophize the more you want to, and the less you get out of it. Victor Cousins, says that "philosophy is something that lightens up and makes bright," so that it is a good deal like beer and cigars, they will all lighten up and make bright and go well together.

Dr. Adam Hammer was a surgeon above all things. He abominated the practice of midwifery. Lukewarm on therapeutics and intensely enthusiastic about the scalpel. Mention has been made in these halls of an operation performed by Dr. Hammer upon the neck of a child with a sarcomatous trouble on the left side involving the glandulae concatinatae in the neck. It was related here how all of the surgeons who had seen this tumor refused to operate. It was likewise related how absolutely true they prognosticated. I learned from Dr. Hammer that in this case he made no promises of successful result, that he was uncertain, but this was the only procedure possible if cure was to be obtained. When this child died, as die it did, upon the operating table, that superiority born of captiousness and something akin to gloating and malice, almost cried from the house tops, "I told you so."

The writer of this article was present at the operation and an adjunct to Dr. Hammer's chair, the chair of Surgery. In the light of past experience and in the light of constant accomplishment of good results in these cases now, I say now as I said then, it was grandly daring and justifiable and indicated more perfectly the true and inherent spirit which should be in surgery than the refusal to operate, which would inevitably lead to death as the operation itself. Here was a child suffocating hourly and not even a tracheotomy had ever been suggested. Even if Dr. Hammer failed, he had done as he said to this child what he would have wanted some one to do to him if in the same condition. Yes, he was ahead of his time, and a rare diagnostician. Our Dr. Lutz has a monogram written by Dr. Adam Hammer detailing his diagnosis upon two living subjects of the occlusion of the coronary arteries of the heart, afterwards verified and confirmed by post-mortem evidences. Nothing can take away from him the fact that he was an efficient and daring surgeon, he did what had been rarely done before: in two cases he had removed the entire upper extremity, including the scapula. Aside from these he had performed successfully many plastic operattons. A splendid pathologist, an untiring histologist and microscopist.

Dr. Hammer came to St. Louis in 1848, he had so deplored the outrages of his mother country upon her people that he became a revolutionist, and he was not the first to find out that those who give the first shock to a state are naturally the first to be overwhelmed in its revolution. Hence he had to leave Germany, and came to St. Louis. He organized the Humboldt Medical College, and through untiring and earnest endeavor erected a college building, just opposite to the City Hospital on the corner of Soulard and Closey street. While he was absent in Europe the college was broken up. He became a professor in Missouri Medical College and afterwards broken down in health and ambition, he left St. Louis and returned to Europe, and died there August 4, 1878, about 60 years of age.

Dr. Hammer was clean and square in his dealings, free from any mixture of falsehood: he lacked discretion, but he had the hardy valor of an honorable and courageous man. He was without pretention and rich in merit. His ambitions were honest and aspiring, but never destructive. He strived for the advancement of his profession more than he did for himself. He spoke the truth and hated craft. His defects were self-punishing. His worth was such as any honest and honorable man could be proud of.

It was only a day or two ago when I met a an old friend of Dr. Hammer's, and we spoke of the peculiarities of this talented surgeon. He said: "You remember the scenes often enacted in the old St. Louis Medical Society. How discussion and wrangle at times became almost disgusting, where weapons were even drawn, where the lie at times was freely passed and an absolute challenge to deathly combat was indicted, which was fortunately prevented. We know that Dr. Hammer was a seeming agitating pivot to turn things into trouble. I do not believe that he at any time wilfully, premeditatedly or with malice aforethought in-

stigated any quarrel, but it seemingly became the fashion to take everything he said in the most contrary way from which it was intended. They assailed him so often, and to him so constantly wrongful, that being utterly fearless he became indifferent, defiant and quarrelsome. Because, as he would aver, he was generally in the right."

Politics ran an almost frenzied course in St. Louis from 1857 to 1860. Then the Civil War broke out and the members of the medical profession were literally divided amongst themselves. It had become custom, yes, almost a deep-seated habit, for all men to think and speak violently. The skipping lambkins who formerly fed joyfully around in sunny meadows now became bellicose and butting rams in scant and war-devastated fields. Each meeting of the St. Louis Medical Society held something more or less combative and contentious. How fiercely did the members of this divided society meet, charge and re-charge, no combatants were stiffer. To me it seemed that it was more often the insidious and impelling jars and wrangles of politics than it was an eager search after scientific truths. Dr. Hammer was as Addison puts it, "a man with great talents, but void of discretion, and was like Polyphemus in the fable, strong and blind, endued with an irresistible force which for want of sight is of no use to him."

I trust that I will be excused from writing this somewhat lengthy diatribe, but the moral in this instance is like all morals, somewhat melancholy. He was in my opinion, so far in advance of many of the profession around him that he not only underrated, but had something of contempt for the opinions of many of his confreres. His was the period of time that medicine in Germany had passed in progress all European countries, and just was becoming the marked medical center of the world. His constant intercourse with Germany, his ceaseless industry in acquiring the progressive elements of Pathology, Surgery and Microscopy made him seemingly unceasingly contradictory to those quoting old and antiquated authorities upon these subjects. Hence, he was continually contradicting, and this seemed to be seeking combat, while in reality he was aiming at the laudable purposes of substantiating progress and truth.

I honestly believe that no medical man in St. Louis was of more benefit to the profession than he, for his acrid and harsh criticism instigated a broader and more industrious study of pathology the microspe, and the then forming bacteriology than any source could have done at that time in St. Louis.

Dr M. L. Linton.

A man of talent, a brainy medical teacher was he of o'er two score years ago,
His pleasant ways, rare good sense, made him in student's favor, constant and unceasing grow.
Of medium height and slender build, an intellectual face, a brilliant splendid eye,
A large and shapely head, a jaw of firmness, a forehead rounded, broad and high;
True, his form was somewhat bent, and his gait at times was very, very slow·
Sound indeed was his mind, his thoughts always progressive, staunch and apropos;
He reveled in pleasant poetic numbers, agitating politics. and soul disturbing philosophy, too;
Modest as a budding maid, born lover of the good, sincere worshiper of the true,
Senseless gossip, envious babble, harsh uncharitable say, eagerly passed him by;
Truly and deeply loved by his students, while his worthy confreres held him very high.
"Gentlemen," he would say, "free yourselves from suggestion's misleading lies,
Learn to doubt, earnestly practice test, strive true and hard to ever correctly analyze.
Believe little of what is said, then, oh then, only believe that which can stand the test.
The false leads to pain and misery, while blessed truth's mission is to bless.
Ninety in a hundred suggestions the average man will unthinking accept and grasp,
Thus it is that man's blind acceptance ever makes man's progress an endless, halting task."

Dr. M. L. Linton was a native of Kentucky (that splendid state of obscessed peculiarities), where he studied his profession. He practiced for some time in his native state, but became restless and ambitious, when he removed to St. Louis in 1843. Shortly after his arrival he was elected to the chair of the Principles and Practice of Medicine, in the Medical Department of the St. Louis University. He retained this position until the establishment of the St. Louis Medical College, in which he filled the same chair until his death. He finished his preparatory course in Paris and Edinburg where he attended lectures with his life-long-friend, Dr. Chas. H. Pope, professor of the Principles and Practice of Surgery in the St. Louis Medical College. He died in June, 1872, in the sixty-fifth year, having filled the chair of the Principles and Practice of Medicine in the St. Louis Medical College for thirty years.

It is stated by Scharff that he was an invalid for forty years. His body moved slowly, and frequently required long rest. His mind was restless and resistless, quick, brilliant and vigorous. His wit was sharp and his repartee unrivalled. He became a polished scholar, learned in ancient and modern languages. How strong are the concrete impressions which abide and remain with the passages of time and my present view of Professor Linton do not seem to be a bit dim.

He was then over forty years ago as he is now in my memory, a broad minded, elegant cheerful gentleman. His very heart was indeed like good medicine, and there was no suggestion about him which savored of the broken spirit, which dryeth up the bone. He

had a large, well shaped head, covered with a full mass of dark hair, he was full whiskered, his forehead was rounded, broad and high—a regular philosophical forhead—dark sparkling eyes, and a decidedly Roman nose. He limped when he walked and bent forward. His voice was pleasant, his utterance exceedingly snappy. In your conversation with him it soon became evident that incongruous mass had no favor with him, but that his constant aim and endeavor was to bring his thought in small and condensed sentences, in terse, to be aphoristic. It has been exceedingly strange when in after years I have met many of his old students, and to see how catching was this aphoristic way. For strive as they would, there was this talk in aphorism. He was thoroughly philosophic, he might split hairs, or equally as true, clip angel's wings, but he never was a vain doubter. He must have been a born philosopher, for he always appeared cheerful and happy. He was a great student of politics, that science of exigencies and graft; he like Hamilton, aimed to ameliorate the condition of all mankind. He never let politics unsettle his calm, cool understanding, nor ulcerate the benevolence of his soul, for he battled for high principles, and he believed that opposition and contradiction made star-razor edged minds. He was a conspicuous member of the Missouri State Convention in 1861-2, which formed a provisional government with Hamilton R. Gamble as governor, father of our Dr.Gamble, now residing in St. Louis. He was also a member of the convention of 1865. Dr. Linton was also a poet, of no mean order. Like many of his class he very frequently successfully picked Nature's pocket of rare gems and redolent beauties, and like all poets he made an earnest endeavor to make old Aaron's rod blossom and to bloom into red red flowers. Dr. Linton was the author of a book upon Pathology, his influence as a teacher of medicine was good, but for his aphoristic vein he would have become commandingly prominent, and like many worthy professors and writers on the Principles and Practice of Medicine, he made Therapeutics play a weak and lingering part.

(To be continued.)

CHRISTIAN SCIENCE IN MARYLAND.—After a long contest the Maryland State Senate on March 19, passed a bill preventing Christian Scientists or faith healers from practising in Maryland without the diploma of regular physicians. The bill as already passed the House.

APROSEXIA: SOME EYE, EAR, NOSE AND THROAT FACTS IN CHILD DEVELOPMENT.

E. E. CLARK, M. D.

DANVILLE, ILL.

Eye, Ear, Nose and Throat Surgeon to Lake View Hospital; Lecturer to the Danville Training School for Nurses, etc.

APROSEXIA is a term coined by Guye of Amsterdam in 1887 and described by him as a lack of power to concentrate the mind or fix and to hold the attention.

Since then the term "aprosexia" has become more common in medical terminology and most text books use the term in relation to diseases of eye, ear, nose or throat.

Gould's Student's Medical Dictionary (1898) has the following: "Aprosexia (ap-ro-seks-e-ah.) a mental disturbance consisting in inability to fix the attention upon any subject; an inability to think clearly and to comprehend readily what is read or heard; a condition sometimes observed in the course of chronic catarrh of the nose and pharynx."

The above definition applies with startling reality to many of our growing and developing school children, and in the majority of instances is due to some removable or remedial cause associated with the eye, ear, nose and throat.

Guye (British Med. Journal 1899 Volume II, page 711) explains the headache in some of these intra-nasal conditions in the following way:" "The air contained in the nasal accessory cavities will be resorbed and its pressure diminished as soon as the free communication with the nose is impaired by the swelling of the mucous membrane. Such a cavity will then act as a dry cup producing collateral hyperemia in vacuo." Politzerization of the nose in these cases has been shown to give relief by restoring the air pressure, within the accessory sinuses of the nose, to normal.

School teachers are becoming familiar with some of the effects and results caused by abnormal or diseased conditions of these organs. A few parents are becoming familiar with what adenoids are and what they mean. Dental surgeons are familiar with adenoids and the changes associated with them in the dental arch, and I am sorry to say that a large number of physicians show plainly that they are not cognizant of the fact that some of these conditions are a menace to the growing child.

Adenoids, as one of the causes of aprosexia, is far more prevalent than thought to be, and when the people are properly informed on the subject many more children will be rescued, by comparatively simple means, from a possible life-long handicap.

In discussing aprosexia the two important features are the mental and physical development which are invariably influenced to a greater or less degree affecting more or less the future of the individual and, when we consider that the causes are largely removable, we are responsible if we fail to give correct advice. The family physician must, if not already, become familiar with the consequences of uncorrected eye strain either refractive or muscular, with or without other ear, nose or throat abnormalities.

One has but to step into a school-room or observe among his young acquaintances the wonderful deviations from the normal of the mental development of some children. Some have that acute brain quality that enables them to comprehend quickly and clearly, the mind is eager, intellect clear, power of concentration and retentive memories ready and agree to undertake tasks that require activity of mind, while other children who have had equal or better environments are dull and listless, slow of mental processes, poor of memory, reasoning powers defective with lack of concentration for any mental effort. In every school-room one can find these extremes of child development. Those who come in contact with the mental development of children too often fail to realize that some physical abnormality is responsible for the child's slow mentality. He is simply recognized as a dull chill, and it is hoped that he will outgrow it. The child of slow mentality is given the same work that is given to the bright children, and it is inevitable that he must fall behind and then become the butt of the class, gets discouraged and probably falls farther behind. Those who have to do with the mental training of children are not to be blamed for they are mostly interested in all the children. You will not find many teachers that are indifferent to the mental development of the children placed under their training. They have only to be made acquainted with some of these facts to be quite ready to co-operate with parents and physician to remedy the evil. The day is not far distant when all these children will be looked after thoroughly. Medical men must take a more active part and help educators to realize the vast importance of searching out and correcting the cause of the mental defect of each backward child. It is already becoming a frequent occurrence to have the parents bring a child saying that the teacher had sent the child home with the advice to see a physician regarding one or more of these organs.

Aprosexia is not always caused by a physical defect for some children inherit a weak and vicious mind as a part of their degeneracy and some children possess animal instincts so strong that even slight mental exertion may be quite beyond their capabilities, but more often aprosexia is caused by some physical ailment like catarrh, deafness, amblyopia, refractive errors or adenoids.

In most diseased conditions of the body we have pain as a prominent symptom, and when the child complains of pain he receives attention, but the presence of slight deafness, chronic naso-pharyngeal catarrh, refractive errors, muscular anomalies and adenoids do not always cause pain or headache; the child may grow accustomed to his ailment, or become too listless to pay any attention to the condition and his physical defect be overlooked through lack of knowledge on the part of parents and teacher.

The marvelous changes in the mental caliber of some of these children after a correction of the eye, ear, nose or throat defect borders on the miraculous. When we think of the many thousands of children who have gone through life with this handicap that could have been removed it makes us think that the world does move slowly.

When the entire medical profession thoroughly realize these important facts and when educators and parents can all act in harmony with the profession we will not see many children doomed to fill an inferior position in life simply because of unrecognized conditions that could have been corrected in early life.

Amblyopia from congenital refractive errors is one of the principal conditions causing aprosexia. The anomalies causing asthenopia is a group productive of apyrosexia and this includes refractive errors, errors of accommodation, muscular errors, catarrhal and reflex. These mostly produce headaches, blurred vision and tired eyes. This child soon suffers from brain fag and often his energy is quite overcome by the never ceasing eye-strain and his mind but poorly grasps the subject matter of his lesson. His nervous energy is soon used up and, having but little or no reserve, he soon goes to sleep over his books or early develops an intense dislike for learning.

Aural disease and defects also produce aprosexia. The child with otorrhea is not so apt to be studious as the healthy child. A certain amount of septic matter is constantly being absorbed by the lymphatics, which in children are abundant, and there is a slight septic fever present. The cervical lymphatics enlarge, the child may be pale and hectic. Otitis media purulanta, perforations of the membrani tympani, mastoid disease and caries of the ossicles all may have this effect

on the child. Adenoids probably more than any other abnormality do damage to the child in making him dull and stupid. Adenoids puts its physical mark on the face of most children who have them, and it is a common sight to see children on the streets with the following appearance: mouth gaping open, central part of the face protruding forward more or less, upper jaw more pointed than usual with the teeth protruding forward, and often a silly expression that goes with mouth breathing. Inquiry will show that such children are subject to frequent cold taking, snore when asleep and have bad dreams which startle the child in its sleep.

The results of treatment are more than gratifying. All the dread of an operation, the use of chloroform or the putting on of spectacles is repaid a hundred fold by the satisfaction of seeing a stupid child transformed into a bright, active individual.

313 The Temple.

INFLUENCE OF GYNECOLOGICAL OPERATIONS ON THE GENERAL ORGANISM.

PALMER FINDLEY, M. D.

OMAHA, NEB.

It is a matter of common observation that operations upon the female genitals which involve the removal of the uterus and ovaries give rise to certain psychic phenomena which endure for a variable time.

Doderlein is of the opinion that operations upon the genital organs of women, and he refers particularly to the removal of the uterus and ovaries, have no greater psychic influence that do major operations upon other organs.

This is not the accepted view, nor am I perpared to subscribe to it, for it has been conclusively demonstrated that the removal of the ovaries creates a series of nervous disturbances not paralleled by any other operation.

Much is known of the general and local events following double ovariotomy, and there is little controversy on the question. Not so with hysterectomy. While certain local changes are noted very little is known of the general influences which result from the removal of the uterus, leaving the ovaries in situ.

Is it the cessation of the menstrual flux, occasioned by the removal of the uterus without the sacrifice of the ovaries, that cause specific changes in the general organism? In answer to this question it may be said that while the general nutrition of the individual has been undermined by excessive losses of blood from the uterus, hysterectomy will contribute to the general nutrition.

After the removal of the uterus there is a temporary increase in weight which is gradually lost in after months.

The trophic changes in the vagina and vulva are essentially the same following hysterectomy as ovariotomy. Unless the blood supply to the ovaries has been duly restricted by ligatures no trophic changes occur in the ovaries, hence it follows that the general manifestations following hysterectomy are not permanent nor are they so manifest as in ovariotomy.

* Abstract of paper read by title at a meeting of the Medical Society of the Missouri Valley at Lincoln, Neb., March 19, 1908.

A BANQUET in honor of Dr. Robert Koch will be given at the Waldorf Astoria on Saturday evening, April 11th, under the auspices of the German Medical Society of New York. Admission cards may be obtained from Dr. George Mannheimer, No. 60 East Fifty-eighth street, New York.

WILLS BRAIN TO SCIENCE.—Miss Louise Randolph, a young woman who is credited with possessing an unusual memory, has decided to will her brain to the Anthropometric Society that it may be studied by scientists when, under the operation of the immutable law, she will have no further use for it.

It is said that Miss Randolph is the first woman to make this disposal of her brain.

ROYAL INVALIDS.——The Czarina is reported as being very ill as the result of a vigorous anti-obesity cure followed by an attack of grip. The condition of the Japanese Crown Prince, who is tuberculous, is said to be causing grave anxiety, and Professor von Baelz, a German Physician, who has spent many years in Japan, has been sent for to consult with the Japanese medical men. The Crown Prince is twenty-nine years old and has three sons.

A CAT AND DOG HOSPITAL DISPENSARY have been established in the Cornell Medical School. These institutions for the treatment of the diseases and injuries of pet animals are absolutely free. The hospital has three floors; and there are reception rooms, isolation wards for contagious cases, a general ward, a kitchen, a bath-room, and large, well lighted operating-room, equipped with the latest devices in sterilizing apparatus and surgical instrument. Dr. Fredreick Gwyer, Cornell, professor of operative surgery, is at the head of the hospital staff.

THE ISLAND OF JAVA.

ROBERT G. ECCLES, M. D.

BROOKLYN, N. Y.

SEVENTH LETTER.

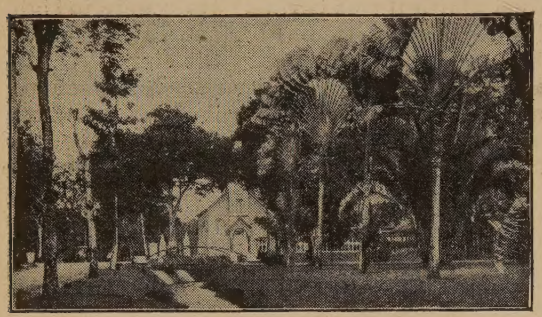
MOST periterrestial tourists desire to see Java, but the loss of time incurred in making the detour from Singapore, cuts off more than 90 per cent from enjoying this pleasure. Among the chief attractions of the journey may be mentioned the sail on calm seas amid thousands of beautiful islands; the grandeur of the southern sky dotted all over with new and brilliant stars; the trip across the equator; the opportunity of visiting the finest botanic garden in the world that contains within itself the immense, active volcanos; the meting with the only people in the world that constantly speak and listen alternately to two distinct languages; the seeing of a people who treat with unusual respect and deference every person with a white face; the visiting of the finest and best preserved specimens of ancient Hindoo architecture; the experience of observing farmers at work on contiguous plots of ground, ploughing, sowing, reaping, planting, harvesting and mowing, all at one and the same time; visiting the place where Dr. Eugene Dubois found the Missing Link; looking over the region that inspired Wallace to frame his doctrine of Natural Selection; seeing where the first cinchona trees were cultivated and where 85 per cent of the world's quinine is grown and manufactured; wandering over the hills where a large part of the world's tea and coffee are raised; going into the home of the birds of paradise and the place from which a large proportion of our prettiest garden flowers has come; observing one of the most singular experiments of government control that exists on the earth; studying a people whose strange ways and strange condition of servitude make of them one of the greatest curiosities in the world.

After leaving Calcutta our itinerary carries us to Rangoon, Mandalay, Penang and Singapore. Our trip to the Irriwaddy though very interesting, contained scarcely anything of medical interest. At Singapore all passengers were numbered and ticketed as a substitute for quarantine. This made it a duty to report every day, for ten days, to the Board of health officers, under penalty of fine or imprisonment. If no fever developed we were made free. In this way the City of Singapore sought to protect itself from the plague that was raging in Burma when we left there. On reaching Java we found no inspection, no quarantine, and had no medical reporting to do. Our trip to Batavia was a most delightful one. The seas and straits were like rivers. All around us were islands that were verdure clad to the water's edge. Drifting cocoanuts, fruits, branches of trees, palm leaves, and great masses of brown fish-spawn streaked, in fantastic forms, the surface of the opalescent blue water. Only a Capri, in Italy, had we ever before seen such beautiful water.

We passed the equator early in the evening, but Neptune failed to show himself on board. Scarcely had the sun disappeared below the horizon than the stars began to glimmer, and soon the sky was a shimmering mass of stars of all magnitudes. So clear was every part that it thrilled with delight even those passengers that knew nothing about astronomy. On the meridian, immediately to the south hung the Southern Cross. Farther to the west, and in a more northerly posittion, stood out, in unusual brilliance, a star we had often longed to see Canopus. Just above it was Sirius. Here were in sight the two brightest fixed stars in the whole heavens. Near them were the stars of Orion, the Pleiades and the Hyades. North of us, a most unusual place to one from our zone, was Jupiter. We sought in vain for the Pole Star and by the aid of Merak and Dubhe, the two pointers of the Dipper, we were able to fix its place on the tip of the horizon. By the aid of the Pole Star, the noon-day sun, and a watch that carried New York time, it had been my pleasure to keep track of our course during our entire tour. For the first time since leaving home the watch used for local time and my watch carrying New York time agreed. We were exactly 180 degrees from New York both East and West. The disappearance of the Pole Star told us that we had passed the equator. We knew then that as soon as we had seen Java and returned again to that spot we would, thenceforward, be on our way homeward.

Java is the one place on the earth where the native population has more than doubled within a century. Its people all live longer than they once did. In the United States the Indians have nearly all perished since the white man came. What is the secret of this difference? Perhaps after we have learned some of the particulars of their Dutchmasters we may get some hint as to the cause. The Island of Java is 673 miles long, and from 125 to 50 miles wide. Although its area is a trifle less than that of Alabama its population is almost one-third of the United States. There is, probably, no other island on the planet so densely peopled. Since Africa was circumnavigated by Vasco De Gama, Java has been claimed successively

by Portugal, Holland, France, England again, and finally Holland. It is now the chief and most important part of what is known as Netherlands India. After the battle of Waterloo Holland was freed from France, and England, having taken Java from the French, restored it to Holland again. Since 1816 the Dutch have held it in subjection, although there are five times as many of the Javanese as there are of Dutch in Holland. Every man, woman and child is registered and the Sultans, or chiefs, are held responsible for their conduct. They must all do a definite amount of work, unless sick or too old, upon the coffee plantations. Every regency has a "resident" who sees that the interests of Holland are properly cared for. These Dutch residents are spoken of as the "elder brothers" of the native princes and it is their duty to advise the "younger brothers" how to manage the affairs of their people. A large part of the real estate of



Travelers' Palms and Protestant Church, Bandoeng.

the island is held as government property and leased out by the Netherlands government. From this and other sources of revenue, enough money is raised to pay the high salaried officials and leave an average of over $5,000,000 per year to turn into the exchequer at Amsterdam. The governor-general of Java receives twice as much salary as President Roosevelt and has $60,000 per year thrown in as an entertainment fund. The natives are discouraged in every way from learning the Dutch language. No Dutchman will pretend to understand a natives who undertakes to use Dutch words. Every possible measure is resorted to that will keep the natives in willing subordination and servitude. On the highways they are expected to step aside, with hat in hand, to let the white man pass. In order to maintain this severe discipline of the people the white soldiers have to be restricted in their liberties. The instant that a white soldier is found drunk he is hurried into the calaboose so that he shall not bring disgrace on Holland by making an exhibit of himself before the natives. In his dealings with the women he is under strict discipline, but the former are so thoroughly under the sway of early Hindoo and later Mohammedan public opinion that lapses from virtue are said to be very rare. As a consequence there is little or no syphilis among them. The early Braminical training, followed by over a millenium of Mohammedan rule, has made them constant users of water for cleansing purposes. As the streams are swift, clear, and generally not very deep their bathing methods cannot lead to the pollution that curses British India.

Both sexes among the Javanese are inveterate tobacco users, but, if a stranger should judge by appearances, the women seem to be the worst. They have a most disgusting habit of going through the streets alternately chewing immense quids of tobacco and then holding the chewed mass up to public exhibition between their lips. Masses of nearly half an ounce can be seen exhibited in this way by nearly every native woman one meets. They are not extra good-looking at best, but the disfigurement of a large black streak of half-chewed tobacco protruding conspicuously from their mouths certainly does not improve their looks. The native women of Burma astonished us by going through the streets smoking cigarettes nine inches long and from one to two inches thick, made of alternate layers of rice paper and tobacco, but this was less of a disfigurement than thee semi-masticated tobacco protrusion of the Javanese. These tobacco chewing women usually marry young. It is quite common for them to be wives at eleven years of age and mothers before they are twelve. They are as great workers as the men. Besides attending to household duties which include the weaving as well as the making of all the clothes of the family, they can be seen in the fields in as great numbers as the men and apparently doing the same kinds of work. The marts of the native cities also seem to contain as many women merchants as of men. While, nominally, they are all Mohammedans in the western and central parts of the island, and therefore, theoretically, poligamists the actual fact is that but few of the men care to take more than one wife. That Mohammedanism is but a veneering can be seen by their incessant reversion to Hindoo superstition. In one breath they will offer a prayer to Allah, while facing toward Mecca, in another they will appeal for help to Vishnu, Kali, or other of the Hindoo gods of their ancient fathers. They have gods for every field and spirits to pray to for all sorts of protection. If anything happens

that is a misfortune some god is to blame and mustbe appeased. Dengen brings gout and rheumatism; Sawau causes their children to have convulsions and by selling their souls to Ki they can become rich. By praying to Solomon they expect to secure high rank and by praying to Jesus they hope to become learned. There is not a duty nor an act of life that has not to be done exactly as their fathers did it. The slightest modification in any such rite or formula would bring the maledictions of the gods upon them or bring them into discredit among their fellows. One of the strangest of their strange ways is their constant use of a dual language. It is no trouble for them to know exactly the social position in which their fellows hold them. They all have a language to use to superiors and with which to flatter their peers. When speaking to an inferior, or one of their own class, they use one language and, when addressing a superior, they use another. It is a common thing to hear two men speaking to each other and neither using the same language. The employer speaks to the employee in the vulgar tongue of the island, but the employee must answer back in the polite language.

Like all tropical people they live largely on rice and fruit. The many kinds of unfamiliar fruit which they sell and eat is a great curiosity to travellers. The mangosteen is deemed queen of them all by Europeans and Americans. When first tasted by a stranger he is quite certain to smack his lips and call for more Its delicious, rich flavored, sweet, but mildly tart, white pulp is a delight to be tested by taste as it cannot be described.

The habits of the natives are greatly in contrast with those of other Oriental countries. The largest crowds are as quiet and orderly as people coming from a church in America. They are jammed in over-full third class cars without a murmur and under the most provoking circumstances one never has a cross word from them. In a three weeks tour we did not see a single beggar and were not asked at any time for money that had not been earned. Some of them have acquired the vicious business habits of the Turks and Arabs. They have no fixed price for what they wish to sell and are quite willing to accept ten times the value of an article, unless the buyer is prepared to look out for his own interest in the transaction.

In the western part of the island both sexes dress in gay patterns. In the eastern part there is a less display of brilliant hues. This may in part be a matter of economy. There is an abundance of indigo raised, and as a consequence garments dyed of indigo blue are all the style. There is not a great deal of difference between the costumes of the two sexes. Both wear a garment called "sarsong" that is usually of silk cotton, according to the wealth of the wearer. It is composed of a strip of cloth eight feet long and about four feet wide sewed together at the ends but left open at the top and bottom. These "sarsongs" are put on by being drawn over the head, pleated around the waist, extending to the ankles, and fastened by a sash. The upper part of the body is covered with another garment of the same or similar material that extends from the shoulders to the knees for the women, but

Java Women Making Sarongs.

only to the waist for the men. That worn by the women is known as a "kabaya," and that by the men as a "bajoe." A handkerchief, quite like our bandana, is worn by the men on the head. It is tied into place by four knots, the ends of which are generally visible under a hat that surmounts the whole. In the eastern part of the island nearly all of the men wear a short sword, which is called a "kris" and that remains as a vestige of the independence from Mohammedan domination before their Christian masters arrived. They are all Hindoos in their faith and worship, having preserved the old faith by virtue of their once impregnable mountain fastnesses, while the people of the center and west of the island were subjugated. The regents frequently ape the Europeans in costume. All over this land the common people, we were told, fall on their knees when the regent passes.

Through my introductory letter, from the Department of State at Washington, we had the pleasure of being entertained at the palace of one of the most powerful regents, or native kings. The king's brother accompanied by a dozen courtiers, showed us all over the gardens, the palace, the buildings of state, etc., and treated us to French champagne, cake, and other European delicacies. He could speak some English, which he took

great delight in using, and told us of his visiting England, France Germany and Austria, and of the receptions he had with the monarchs of those countries. He assured us that he wore European clothes then but deemed it best to conform to the customs of his own country when at home. We were taken to see everything around the palaces and within the palaces that he thought could possibly interest us. He took care not to neglect giving us proofs of the great wealth

Museum, Weltevreden.

of himself and brother by calling out the body guards and having us examine the diamond, ruby, and pearl incrusted hilts of her swords. He showed us their many fine horses and the richly decorated carriages and sedan chairs. Some of the carriages were close imitations of those of Napoleon, at Versailles. One room contained carriages that had been in use over two hundred years ago. The armory was filled with cannon, rifles, swords, bayonets, etc., of the past century, but all kept scrupuously clean. Among the odd things which he took us to see was the royal nursery and its baby princes. Being polygamists there was a liberal supply. We were also taken to see the royal dancing women perform and to get a view of the warfs that the Sultan had collected for his own amusement. Before we left our royal escort requested an exchange of cars. His reads: "R. M. N. Iosidpoera, Kaliwan, Wahana, Gadinmataram, Karatan di Soerakarta (Java)."

Our tour of the island took us over its entire length and gave us a good opportunity to see the modes of life in the different parts. The Dutch railways gave us several surprises. It takes three days to go a distance that an American railway would carry us in from fourteen to sixteen hours. The trains never run at night Before the sun sets every wheel along the line comes to rest. Their schedule of time has not changed in years. At Batavia, I bought a time table and concluded I had been victimized when I found that it had been printed three years before. The conductor on our first train assured us, however, that it was all right and that we would find all trains punctual to that time At Soerabaya we thought either our guide was wrong, or that the hotel landlord was determined in detaining us an extra day. There is but one train per day on the main lines. We had hurried to get off in time, but no conveyance came to take us to the station until ten minutes after advertised train time. We caught our train all right and found that it was on time Batavia time but not that of Soerabaya.

The reason that no cars run at night is because of the danger from earthquakes that are very common in Java. It is a highly volcanic region, numerous active volcanoes dotting the island in every direction. None of the houses can be built of more than one or two stories in height, because of the numerous shakings that they are subjected to. There are no fine modern hospitals or public buildings to show the strangers on this account. The most remarkable of all the buildings upon the island is the Buddist Temple of Boro-Boedoer. It has stood the shakings of very many centuries and is still in good condition, but it has no open interior. It is solid within, all the worshippers having assembled on the terraces without. From its summit is one of the prettiest views on earth, the riot of tropical verdure, adding a wealth of splendor to an otherwise lovely landscape that cannot be elsewhere duplicated. This temple represents more labor and probably contains as much or more material than any one of the pyramids. It was lost for centuries in an impenetrable jungle so that the only evidences of its age or character it carries in the sculptures that adorn it on every side.

Miles of country around it contain beautiful shrines, temples, and other evidences of the religious activity of a long forgotten age. In order to visit it we had to take a ride of two hours on a branch railway, and then one of four hours in a "sadoh" or native carriage. The trip, though wearying, pays.

We had one other long journey away from the railway. That was from Paseoran to the Bromo crater. This trip took three days and almost cost me my life. We were anxious to see the so-called "Sandy Sea" where the natives assemble every year to propitiate the god of volcanoes. The Sandy Sea is an immense extinct crater of what was probably, in its day, the largest volcano on the earth.

It is now a large level plain we covered with sand that drifts into ripples. Beings surrounded by a mountain wall of great

height clouds gather there in imitation of billowy water. Within it are three volanoes that look to be almost as large as vesovius. They are Batok, Bromo and Widodaran. They lie a number of miles away from each others bases. The appearance of the Sandy Sea from its rim, gives one a good idea of the appearance of the moons seen through the Lick telescope. Its surface is covered with just such craters within craters. We had a tiresome climb to the rim of Bromo, but thus obtained a view of its molten lava, its eruptions of smoke and ashes and its great size. Its open mouth is considerably larger than that of Vesuvius when the writer made that climb.

On our return trip to the Tosari Hotel, we had the misfortune of having to face a tropical downpour. Being on horseback even our waterproof garments failed to protect us. We could not have been wetter had we been dipped in a river. At that altitude the air was so cold that when we reached the hotel our teeth were chattering in our mouths. Our changes of garments were at the hotel in Paseoran, twenty-eight miles down the mountains, and off the railway on the plain. There were neither fires nor fire-places in which to make fires. That is one of the distinctive peculiarities of all Javan houses. Not one of them shows a chimney on its roof, and none of them contain the slightest suggestion of a fire-place. The best we could do as to remove all of our clothes and wrap ourselves in the hotel bedding.

Following this experience the writer had a severe attack of coryza, aching eyes, aching muscles, a temperature of 103½ deg. F. and other symptoms of influenza. It came on soon after reaching the hot regions of the plains. From where did the germs of this attack come?

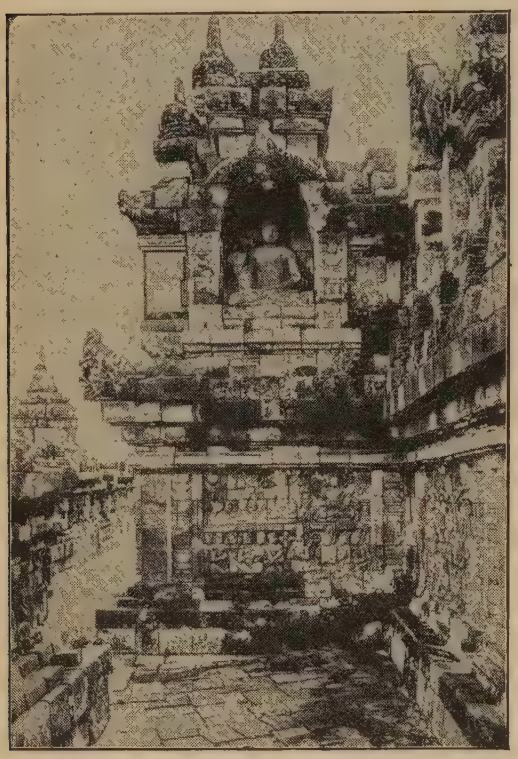
No one else in that region had it. The writer had endured a similar attack, that had undermined his health, before leaving America. Were the germs carried by me, in my condition of immunity, during all of the intervening months? Did they develop within me as soon as that severe chilling lowered my vitality? It looks very much as if this must have been the case. In our anxiety to get back to Batavia the disease was defied. Although the thermometer registered, on the train, 110 deg. F., during the mid-day hours, we pushed ahead. Here again we met with another surprise. My temperature sank below 100 deg. and my symptoms all became more bearable. With the approach of evening the weather became cool again and my pain was worse. Next day this experience was repeated with another decline in temperature and lessening of pain. No analgesics were taken. The attack cost me a very great pleasure and brought disappointment to the Dutch resident at Djokdjakarta. He was preparing to get together all the inhabitants of the town who understood English, for an informal meeting, in which we were to be the guests of the evening. When the time came I had to decline. He is a devoted believer in Mendelism and a great lover of Prof. De Vries. In my talk with him conversation turned upon Dr. Dubois'discovery, not far from there, of the skull of the Pithecanthropus erectus. In this way he discovered that we were both interested in modern botanic and evolutionary problems, and after a long talk he insisted upon my meeting what he called "the best people" there. He wanted me to tell them something about Mendel's law and De Vries's Oenetheras. It was

Dinner from a Traveling Restaurant, Java.

my intention to comply with his request, but at the last moment my suffering became so severe that it was impossible.

Hotel life in Java is sufficiently peculiar to merit description. It is, however, but an exaggerated form of the best class, Dutch life of the island. They need no elevators as all the buildings are low. The office is generally in a central building with the guests quarters all around, or on two or three sides of it, with garden plots between. Flowers, palms, flowering trees, flowering shrubs, and flowering vines are growing around in abundance. Many of them in imitation of the private residences, have menageries attached, in the cages of which they keep a number of the wild beasts of the island and some of the beautiful wild birds. The guests' rooms are always supplied with a liberal number of climbing lizards or chameleons, large ants, monster roaches, and occasionally snakes. The chameleons are never absent, so that as many a six or eight can always be depended upon as being fellow-lodgers in the same room, and immediately over the beds. Tree frogs kept up an incessant croaking during most of the night.

All of the beds seem to have been constructed for the purpose of accommodating, at one time, all the members of a large family. Monster bolsters are supplied that it was long before we learned the use of. Finally we were told that they were intended to be placed between the sleepers in order to keep them cool. Every bed is canopied with mosquito netting, and before retiring a native servant comes with a feather duster, and sweeps out the mosquitoes that have gained entrance during the day. One species of



Side-view of one of the Terraces on the Ancient Temple of Boro-Boldoer.

mosquito there has no sing, but possesses a very insidious sting. The first warning its victim gets is from the insertion of the latter.

Every bedroom has a bath-room attached, but it contains no bath-tub. The landlord has one or two of these tubs in reserve for such barbarian guests as insist on the using of so antiquated an article. The usual articles used in bathing are a large round vessel filled with water and a ladle. The bather ladles himself all over with the water and allows it to flow off upon the cement floor of his bath-room. Everybody is expected to do this kind of bathing several times each day. As no one dresses till lunch time, and, as, after lunch every one goes back to bed again till nearly 4 o'clock, there is not much extra trouble in taking such baths. Men, women and children go about without reserve, in pajamas and night dresses. It is the common custom. If one wishes to make a call on a friend the proper time is after siesta is over. If business is pressing it is permissible to go at about lunch time. In calling upon the resident, even when the call has to be made before noon, it is expected that the caller shall appear in full dress.

At the hotel dining-table everybody is expected, during the dinner hour, to be in full dress. This is likewise the style on all the ocean steamships that ply in the Orient. During siesta time the streets are practically deserted and the stores and offices closed. This occurs every day between noon and 4 p. m. Even the twitter of the birds cease at this time as they too seek shelter from the scorching sun. In front of every bedroom is a wide porch or veranda where rocking chairs and extension chairs are placed for the guests. At whatever hour the sun shines in that direction a heavy bamboo curtain is lowered to cut off its rays from over-heating that cooling resort. A single sheet is all the bed clothes that a hotel supplies unless more is called for, and the guests sleep on the top of that sheet most of the time. In the mountains blankets are supplies.

Our first experience in Java hotel life was in the Hotel des Indes, at Weltrvreden, the fashionable suburb of Batavia. Or first meal was "rys-taffel" or lunch. As we took our seats we observed, at the table to our right, a young Dutchman who was being waited upon by a string of eleven waiters. They all stood in a row and followed each other up as he helped himself to the contents of the trays which they bore. Before him was one large plate and into it went rice, condiments of a variety of kinds, vegetables in abundance, pork, beef, lamb, chicken, potatoes, and other things too numerous to mention. When the eleven waiters had passed, his plate looked like a small model of Fusiyama. He at once began stirring and kept it up until he had an almost homogeneous mass. We then watched to see if he would pour his coffee, milk and sugar into complete the decoction, but he did not. He shovelled the compound into his mouth, chewed it and swallowed it with evident relish. A little later we tried a similar dish, found it made our mouths felt as if we had filled them with boiling water, and desisted before reaching the point of collapse. These eleven waiters took turns at serving all guests with this Dutch-Javan curry. It is so hot with red pepper and other spices that one has to get immune to its use before being able to avoid gastric inflammation.

On reaching Java we expected to get some superb coffee. In our entire stay there we did not see a single cup freshly prepared. All that is served is fluid extract of coffee, made, perhaps, in some pharmacist's laboratory in Holland. Hot water is served with hot, usually, condensed milk in water and on the table along with the vingar, mustard and pepper, is a bottle of fluid extract of coffee from which the guest helps himself. On the tables are always placed a mysterious-looking iron box which on opening is found to contain a substance like punk. On blowing this it glows with fire and guests use it to light their cigars.

Although Java has no quarantine, it has had no cases of plague. The nearest approach to quarantining that tourists undergo is when they land at the port of Batavia Tanjoeng Prijock. Here the police take them under their care, ask why they have come to Java, what their business is, how long they expct to remain in Java, what parts they expect to visit, what country they call their home, how old they are, etc. After the replies are recorded the visitor signs the page in evidence of its truth, pays his landing tax, and is told how to proceed in securing a passport that will save him from being further molested by the police during his stay. In all the trains he finds a warning to the effect that he must not leave Batavia or Soere bay without this pass. These two cities are the chief towns of Java. They contain mostly crowds of Javanese, Dutch, Arabs, Chinese and Malays. The richest of the merchants are Chinese. The officials of the government are all Dutch. The Hotel-keepers appear to be all Dutch, not only in Weltervreden, but likewise in Bandoeng, Djokdjokarta, Boro-Boedoer, Solo, Brambanan, Soerabaya, Paseoran, Tosari, Maos, Buitenzorg, and other places which we visited.

Only at Tosari did we find a doctor in connection with any hotel. There we learned that Batavia is the most unwholesome part of Java and has long been popularly known as "The Dutchman's Grave." The chief trouble there, as well as in all other parts of this land, is malaria. Diarrhea is also common. Goitre is frequent. There are some lepers among the Chinese. In former times the natives made short work with leprosy by killing its victims or driving them out into the forests to starve. They know nothing about diphtheria or scarlet fever and erysipelas, mumps, whooping cough, typhoid fever, pneumonia, etc., are curiosities among them. They have rheumatism, measles, phthisis and smallpox. The last named is much less frequent since the introduction of vaccination, than it was before. A serious skin disease known as Yaws is very common among all the Asiatics, but seldom attacks Europeans. The natives are nearly immune to malaria and when infected by the mosquitoes the attacks are mild.

Under Dutch rule they are free from the exposure, poverty, and privation that once killed them off so that now they are increasing in numbers with great rapidity. They live an easy, comfortable, satisfied life, knowing little or nothing about the great world that surrounds them. It is the policy of the Dutch government to keep them ignorant in order to keep them docile. So far this policy has worked well. There are no insurrections and no one has raised the cry of "Java for the Javanese." The Dutch do not propose that such a cry shall ever arise there. A number of Dutch gentlemen with whom we talked declared that the United States is paving the way for no end of trouble by its policy of education that we have begun in the Philipines. They predict death, disease and great destruction of life both to our own people and to the Philipinos because of it. They declare that every school house we establish will become a nursery of insurrection and insubordination. They say that the liberty we give our soldiers and sailors will carry diseases to the natives that must in time serve as they served our American Indians.

While this view is evidently overdrawn it is possible that there may be something to it. Our experiment will stand in broad contrast with that of the Dutch. We have adopted an entirely opposite policy and only the future can tell, with certainty, what the harvest will be. The brewing discontent of India shows that the half-conciliatory policy of Great Britain may, in the long run, prove to be a bad one. Will ours save our tropical wards from disease and death? Does education educate in such a direction?

LEPROSY IN THE CANAL ZONE.—A colony for lepers has been established at Palo Seco, a spot not far from Panama and overlooking the bay. Eight new buildings have been provided for the seventeen patients and their attendants. When the Government took charge of the canal construction there were eleven persons with leprosy huddled together in a building on the outskirts of the City of Panama where they were nominally under the care of the Government of Panama, and several other lepers were scattered throughout the zone.

ATHEROMA—THERAPEUTICS.

W. C. ABBOTT, M. D.

CHICAGO.

We are far from sharing the pessimism of those who look upon this malady as hopeless. Our experience of many years' effort leaves us firmly convinced that it is in our power to delay or even completely arrest the progress of this malady by treatment. We may even accomplish the removal of a portion at least of the morbid deposits; that is, of that portion which, being still intravascular, may yet be influenced by remedial agents carried in the circulation. We cannot tell *a priori* how much of the disease is still intravascular. The only way of ascertaining this during the life of the patient is by placing him upon a treatment which will cause the liquefaction and absorption of the still removable deposits.

To accomplish this purpose, the writer has for many years placed his chief reliance upon the iodide of arsenic. As to the action of iodine, there is need of no suggestion. It is not so generally comprehended that the primary effect of arsenic is the production of fatty degeneration. All destructive agents act with greater force upon morbid tissues and the products of disease than upon the normal cells of the body, the former being relatively fragile and frequently prone to spontaneous destruction. When arsenic is given, therefore, in as large doses as can be borne without injuriously affecting the normal cells, we have a maximum of destructive action exerted against the products of disease. It is our practice to adimnister the iodide of arsenic in doses of gr. 1-67 each, one hour before each meal and on going to bed. Every few days one daily dose is added, always being given on an empty stomach, the increase being maintained until irritation of the eyelids warns us of beginning toxic action. The dose is then lessened until the irritation subsides and the remedy continued as close to the irritation point as possible. I have given this remedy in the manner described for a year and more, and every new case in which I employ it, confirms my confidence in its power to stop the progress of the disease and remove a varying percentage of its manifestations.

If arsenic iodide irritates the stomach half a grain of iodoform may be administered with each dose, one or two doses each day being dropped on account of the synergistic action of the iodoform. In anemic cases also, the iodide of iron may be added with advantage; from 1-12 to ¼ of a grain being given with each dose of arsenic. Only in syphilitic cases should we add to the above the biniodide of mercury, in doses of gr. 1-20 each. This remedy is far too active for a malady so exceedingly slow in its progress and correspondingly slow in subsiding under treatment.

A clinical observation has been made that arsenic is specially useful when the structure of the kidneys has been impaired, and the eyelids are puffy, the patient displaying a tendency to mental hebetude and drowsiness.

Sometimes great benefit follows the use of zinc phosphide, gr. 1-6 four times a day for one week only. This remedy also should be given on an empty stomach and one hour allowed for its absorption. The elements of the food are apt to decompose zinc phosphide and eructations of phosphoreted hydrogen follow to the exceeding annoyance of the patient. This powerfully influences nutrition, especially where there is degeneration of the nervous centers. That this influence extends also to degeneration of the arterial coats, seems probable, but as yet the observations on this point have been too few in number to permit of positive statement. In cases where the debility is decided, however, it would be well to administer neurolecithin during the three-fourths of each month when zinc phosphide is suspended.

One of the most valuable remedies in the materia medica when one has recovered from his superstitious dread of it, is veratrine. Given in small doses, gr. 1-134 three or four times a day, this remedy is a valuable indirect heart tonic, relieving this organ of a part of its burden and favoring its nutrition by relaxing general vascular tension. Veratrine is perfectly safe at all ages, and may be given daily for years without any ulterior evil resulting. It is therefore especially valuable in a disease in which excessive vascular tension is almost invariably present. Not only does it relieve this symptom but by stimulating elimination through all the channels, it obviates the most common causes of increased tension. If as is sometimes the case, veratrine should prove irritating to the stomach, aconitine may be substituted. The influence of veratrine, however, as a stimulant to elimination, is much more decided.

The physician has in treating this disease, an opportunity to show his skill by the most careful regulation of the patient's hygiene. The arteries are to be carefully guarded against strain; the kidneys are to be kept in the best possible condition, and all substances are to be forbidden which throw any unnecessary work upon these organs. Alcohol is to be forbidden absolutely,

as well as all foods like spices, condiments, cresses, etc., which contain volatile oils. These substances, eliminated by the kidneys, irritate the delicate dialyzing membrane and initiate or increase interstitial nephritis. For the same reason the use of animal foods in excess of the needs and the use of the meat extractives, are to be forbidden. For this reason also, fecal autotoxemia must be absolutely prevented. The bowels should first be cleared of all possible retained debris and then kept regular by a morning saline. One of our most important means of relaxing abnormal tension is to keep reduced the bulk of the blood, and this is most conveniently accomplished by inculcating the dry diet. It is surprising how little fluid most people can get along with in comparison to what they usually drink. The deprivation of fluids, however, should not be carried too far, nor need it be if the physician adopts the therapeutic hints given above and applies them intelligently. Eighteen years ago the writer treated a lady, then over seventy years of age, with marked evidences of arteriosclerosis which had progressed so far and presented such threatening symptoms as to compel her to apply for relief. The treatment described was instituted and continued for over a year to the perfect satisfaction of the lady and of her physician. Since that time she has followed the regime then laid down with sufficient fidelity to keep her comfortable and healthy. She is still alive and in the enjoyment of excellent health and the full exercise of her mental faculties, although more than ninety years of age. This case is a type of those in which the results of this method of treatment described have confirmed the writer in his belief in its efficacy.

Beneficent Microbes was the subject of a recnt lecture at the Sorbonnein Paris by Dr. Fernbach, member of the French Academy of Sciences. While many bacteria are disease-engendering, the vast majority are useful and salutary. They play an enormous role in industrial life, in bringing about the decomposition of organic matter certain germs liberate material of the utmost value for human kind. They favor fermentations. They play an important part in the development of wines, in the making of bread, butter, cheese, and many other foods. "The civic virtues of the microbe are proved by the part he plays in purifying the tons of material passed daily through the sewers of Paris." Mankind is only beginning to learn how to direct the forces of this unseen but beneficent auxiliary to his own greater welfare.

HYSTERIA IN CHILDREN.*

GEORGE E. PRICE, M. D.

PHILADELPHIA.

Instructor in Neurology, Jefferson Medical College; Assistant Visiting Neurologist to the Philadelphia Hospital.

It is to the French school, and especially to Charcot, that we are indebted for the recognition of hysteria as a well-defined clinical entity; and to Lepois for first calling attention to the frequency of the condition during childhood.

From the Hippocratic theory of "vapors from the womb" as the cause of hysteria to our present recognition of the psychic sphere as being primarily at fault has been a great stride, yet our knowledge of the pathology of this interesting condition is still too obscure. What is perhaps the strongest evidence of modern research as to the absence of organic changes has been recorded by Weir Mitchell and Spiller in their report of an uncomplicated hysterical tremor lasting thirty years, with postmortem examination. (1) It has been suggested that the phenomena of hysteria may result from an increased motility of the neurones.

Regarding the relative frequency of hysteria in childhood and adult life, Bruns (2) states that about one-fifth of his total cases of hysteria occur in children, this ratio agreeing with the earlier observations of Briquet. (3).

Cases of juvenile hysteria have been reported as occurring at two and three years of age, and one case at one and one-half years, but certainly we can say that hysterical phenomena in children are rare before the age of six years, and most frequent about puberty, when the nervous system is subjected to the strain incident to that period of life. Girls are affected more frequently than boys, but it is in the later sex that we find the more severe cases.

Predisposing etiological factors are heredity, faulty environment, and education; any condition lowering the vitality, or any condition causing continuous irritation of the nerve centers.

Sheffield claims that acquired causes are more potent than heredity, and that the influence of the latter is much overrated, but I do not believe the clinical facts bear him out, and would place heredity as the most important factor. A cause emphasized by Bourneville is alcoholism of the parents. This I believe to be somewhat underrated as an etiological factor in hysteria and also in epilepsy. Prominent among exciting causes may be

*Read before the North Branch of the Philadelphia County Medical Society. (Archives of Pediatrics for February, 1908.)

mentioned trauma, fright, violent anger and imitation. Thiemich mentions cases of hysteria in children in which the symptoms of a preceding organic affection are continued by autoimitation long after the original condition has returned to normal.

The symptoms of juvenile hysteria are essentially the same as in the adult, although subject to some modification.

Of sensory symptoms are observed pain, and all grades of increased and diminished or even abolished, sensation. Anesthesia is a more infrequent symptom in the hysteria of children than is hyperesthesia, but under this head have been reported cases of hysterical blindness, hemianopsia and deafness.

Motor disturbances that may occur are paralyses, contractures, tremors, convulsions, and a peculiar disturbance of co-ordination —astasia-abasia. Of these, convulsions are the most frequent manifestation of hysteria in childhood, and tremors the least frequent.

Among visceral and vasomotor phenomena may be enumerated vomiting, tympanites, disturbances of respiration and of temperature.

Psychic symptoms are impairment of memory and will power (amnesia and aboulia) and the most characteristic impressionability or readiness of reaction to suggestion.

In a series of 92 American cases collected by Sheffield (4) no less than 27 different morbid conditions were simulated by the hysterical manifestations. Of these convulsions were the most frequent (23) and spasmodic croup (11) the next in frequency. In this series no case of localized tremor was mentioned, and Lloyd also has called attention to the rarity of this form of hysteria in children

The diagnosis of juvenile hysteria presents more difficulties than does the diagnosis of the same condition in adults, this being especially true of hysterical convulsive seizures. Convulsions while the most common manifestation of hysteria in children are also a common symptom during this period of life in other conditions. I would say that in general we must depend for a diagnosis upon the history of the development and course of the symptoms the absence of a adequate cause for the condition simulated the absence of symptoms pointing to a true organic lesion and the presence of the so-called "hysterical stigmata." These stigmata represent certain of the sensory changes, and, briefly enumerated are as follows: Areas of cutaneous hyperesthesia along the spine under the breasts and over the inguinal regions (the two last named being, as a rule, most marked on the left side), glove-like and stocking-like anesthesia or hypesthesia of the extremities, anesthesia of the retinae causing contraction of the visual field and anesthesia of the pharynx and conjunctiva Nor should we omit the choking sensation—the common "globus hystericus."

As there is no reason why person afflicted with a true organic disease of the nervous system could not also at the same time have hysteria, it must be remembered that the presence of hysterical stigmata in a given case does not rule out the possibility of a more serious condition being present.

The prognosis of hysteria is much more favorable in children than in the adult, Steiner and Gilles de la Tourette taking an especially optimistic view of the outcome.

Treatment.—Suggestion in one form or another is of paramout importannce in removing the symptoms, but we should never lose sight of the probability of underlying neuropathy and should institute good hygienic measures, a simple and unirritating diet and isolation whenever necessary to secure proper discipline. Sometimes much can be accomplished by gaining the intelligent cooperation of the parents but it has been the experience of the writer that in the majority of the cases the parents and other relatives make the condition worse by excessive sympathy on the one hand or by equally detrimental punishment on the other hand. If the child is poorly nourished and under weight rest methods and forced feeding are of value. If anemia is present, iron may be given. Bromides are often of distinct value, particularly when the psychic symptoms predominate. When hysterical symptoms develop in a girl at the age of puberty, before menstruation has been established, emmenagogues, may be tried. Hypnotism as a therapeutic measure I only mention to condemn, as the experiments of Charcot, Babinski, Dercum and others have demonstrated that hypnotism is but an artificially induced hysteria.

Hysterica insanity is of infrequent occurrence in the adult, and quite rare in childhood. Indeed, any form of insanity, aside from the delirium, confusion, stupor group, is rare under the age of fifteen.

The following four cases represent some of the less common forms of juvenile hysteria:

CASE I.—*Hysterical Tremor.*—From the neurological dispensary of St. Christopher Hospital.

R. F., girl, age ten years. Was first seen at the hospital May 2, 1904, at which time she presented a coarse tremor of her right arm. This tremor was not constant, ceasing when her attention was diverted and recurring when her attention was directed to the arm. She stated that the "shaking in her

arm" had occurred at intervals for one year, and was apt to become worse when she was excited. The child came to the hospital alone, saying that her mother had sick headache all the time and could not come with her.

No satisfactory previous personal or family history could be obtained.

The girl was very emotional, crying and laughing by turn, while under observation. She was rather large and well-developed for her age, her palate arch was high and narrow, and her upper central incisors were widely separated. She presented the usual areas of hyperesthesia along the spine, under the breasts and in the inguinal regions. There was also marked contraction of both visual fields. At this time she denied ever having had a tremor of either leg, but upon her second visit to the dispensary sixteen days later a marked tremor of the right leg was noticed, similar in character to that of the arm. I believe this tremor developed as a result of the suggestion given her by my question about "leg tremor" at her first visit.

She only came under observation twice, so no further study of the case was made.

CASE II.—*Hysterical joint.*—From the neurological dispensary of St. Christopher Hospital.

E.G., boy, age thirteen years, seen first September 7, 1904. He complained that ever since a fall eleven months ago, while riding a bicycle, he has had spasmodic attacks of pain in the region of the right hip, which were liable to occur at anytime, but usually between the hours of midnight and 4 a.m. He described the pain as being throbbing in character, and limped during the examination. From his mother we learned that while the boy was at play he would run as much as the other children, without limping or complaining of pain.

The previous personal and family history were negative.

Upon examination the child was found to be under weight, with pallor of the mucous membranes. No joint change or other lesion could be found. Areas of hypesthesia and hypalgesia, irregular in distribution, were found over the upper and lower extremities; these were quite marked and were the only hysterical stigmata obtained at that time.

Subsequently the patient came under the service of Dr. Dercum at the Jefferson Hospital, where the same diagnosis was made, following a negative report as to a to a joint lesion from the orthopedic department.

The mother made much of the boy's condition, had already been to several hospitals with him, and I suppose is still "going the rounds." Efforts to explain the true condition, and to secure the co-operation of the mother, were fruitless.

CASE III.—*Psychic Type.*—From the neurological dispensary of St. Christopher Hospital.

M. C., girl, age 13 years, seen first April 18, 1904. Her mother gave the following history: For the past two years the child has been very nervous, irritable, difficult to manage and easily frightened; she was very emotional and would change quickly from tears to laughter, or vice versa. At school she was fairly successful with her studies, but her teacher found difficulty in controlling her. She complained of no motor symptoms or subjective sensory symptoms. Menstruation had not been established.

Family History.—Both maternal grandparents died of cancer; one uncle died from "scrofula of the neck;" one aunt (maternal) has had nervous prostration for fourteen years. The patient's father was an alcoholic; one brother an epileptic, and one cousin (paternal) is insane. The mother had two miscarriages.

Upon examination the patient presented marked contraction of both visual fields, and hyperesthetic areas along the spine, under the breasts and in the inguinal reigons. There were no gross stigmata of degeneration and no evidence of mental arrest.

CASE IV.—*Hysterical Dyspnea.*—From Dr. Dercum's service at the Jefferson Hospital.

J. C., girl, age 15 years, Russian, seen first January 31, 1906. She complained of shortness of breath and of pains all over her body, also of headaches. These symptoms, she said, had existed for one year, and she further stated that she was unable to walk up the steps at school on account of her difficulty in breathing. The previous personal history was negative, except that menstruation had not been established.

The family history was negative, so far as could be learned.

Upon examination it was observed that the child would breathe regularly when her attention was held, but when undiverted she would have every few seconds a sudden, noisy, deep inspiration, followed by a forced expiration. Her heart and lungs were perfectly normal, but the patient presented the usual hysterical hyperesthetic areas, also conjunctival anesthesia.

The above cases represent four distinct types of hysteric manifestation, and present various points of interest.

Case I, hysterical tremor, is the most unusual, and of interest also on account of the

presence of degenerative stigmata, or as Dercum prefers to call them, "signs of arrested development." Case II, hysterical joint, is not so infrequent, but of interest from a diagnostic standpoint. Case III is a good example of the psychic type, presenting neither motor nor subjective sensory symptoms. In this case the overwhelming neuropathic heredity makes the prognosis a grave one. The last case (IV) represents the visceral type, and recalls the cases of hysterical breathing reported by Reisman.

Inclosing, I wish to express my indebtedness to Dr. F. X. Dercum for the privilege of reporting Case IV.

1810 Tioga Street.

REFERENCES.

(1) Weir Mitchell and Spiller. Journal of Nervous and Mental Diseases, Vol. XXXI, p. 625.
(2) Bruns. "Die Hysterie im Kindesalter," 1900.
(3) Briquet. "Traite de l'Hysterie," 1859.
(4) Sheffield. New York Medical Journal, 1898, Vol. XXXVIII, 362, 369, 389.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

MATERNITY. By Henry D. Fry, M. D., Sc. D, Professor of Obstetrics, Medical Department of the Georgetown University, etc. New York and Washington: The Neal Publishing Co.

In this work the author has attempted to give valuable instructions to women during pregnancy and the child bearing period. The care of the body and mind from early girlhood to the child-bearing period are carefully considered. He lays stress on the pitfalls which hinder the progress of women in preparation for performing the function of child-bearing.

Modern life, the demands of social customs; too early indulgence in pleasures of society; faulty dress; the lack of fresh air and exercise; carelessness at the menstrual period and over-development of the men at the expense of the body, are mentioned as things which a woman less fit for child-bearing.

The book begins with an interesting historical sketch of child-bearing, and in latter chapters the various important things relative to pregnancy are considered. No attempt is made to treat any of the complications or labor, but the woman is advised under what conditions it is important to consult her physician.

The work is well written and should be read by every woman. W. H. V.

INABILITY of a local physician to diagnose two well defined cases of smallpox may result in a renewal of the epidemic in Huntington, Ind.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

Illinois State Board of Health.

THE State Board of Health of Illinois is doing a most excellent work, in spreading broadcast over its state in the language of the layman, the ordinary facts about tuberculosis, and in attempting to stimulate more thorough and careful work on the part of the physicians of the State. The Board is issuing a very comprehensive circular on "The Cause and Prevention of Consumption," and they are urging all health officers and other physicians to assist in depositing the circular in every home that has a consumptive.

The board has a laboratory at Springfield where all samples of sputa are examined free of charge. O. H. B.

Hospital Buildings on the Warehouse Plan.

A LOCAL daily paper, last week contained a news item to the effect that the authorities of the St. Louis health department had decided with reference to the completion of the City Hospital, that an eleven story-building should be erected on the present site to front on Lafayette avenue. The determining consideration in favor of such a style of structure, as reported, being the bare and material ones of economy in heating and administration, thus reducing the question to the sordid level of money, regardless of humane principles, or the natural feelings of the helpless people who may be forced by necessity to enter there as patients.

If such a proposal were made by the city authorities as in the nature of a feeler of public opinion, or as a balloon sent up to test the air currents, it might be excusable, but otherwise the proposed departure from what a hospital should properly be is so mon-

strous in its nature as to be unbelievable, unless officially confirmed.

By what process of reasoning—humane, professional, or scientific—has the problem of municipal care of the sick, the lame, the halt, the blind been brought to so base a level—human beings in adversity, scarcely any of whom would be capable of selfhelp, warehoused floor above floor as mere merchandise, and constantly exposed to the unspeakable horror of fire or other calamities that imperil in such unnatural situations?

It may be safely affirmed that no valid excuse for such an anomaly can be found. Pretexts indeed are offered in a very few places where it is alleged that available ground room cannot be had, but no such condition exists in St. Louis.

Proceedings are now under way to condemn several blocks of ground to enlarge the site of the city hall, and no reason appears why the same method may not be pursued to increase the ground area of the hospital location. The structures to the east, north and west of the site are of little value, and the ground is inexpensive in price, and in this manner space should be found in order to conform this institution to the type approved by all of those best qualified to judge and decide in this respect.

To depart from this enlightened type of hospital construction would bring reproach upon the people of St. Louis, as being wanting in the intelligence, liberality and humanity which should govern the conduct of the city toward the sick poor; and it is repeated that the decision attributed to the health authorities borders so closely on the atrocious that the medical profession should condemn it without delay; but it is hoped that the report was merely an illconceived newspaper story, and entitled to no weight or consideration.

A Probable, Decided Advance in X-Ray Therapy.

THE announcement of the perfection of a new X-ray tube, by Geyser, of New York, is of especial interest at this time when the risks of this form of therapy are being constantly more clearly realized, and the pendulum is perhaps swinging the other way from the day when its use was eagerly sought for in so many forms of dermatological disease. The new tube is brought into direct contact with the patient, and, "as only the ionizing effect of the ray is exerted, this effect is all that is needed to furnish the most brilliant therapeutic results." The main clam, that prolonged exposures, with remarkable results, are attained without the slightest dermatitis or possibility of such complication, will be received with the greatest interest and some scepticism by Roentgenologists everywhere. Geyser, however, reports is use in over five thousand cases extending over a period of two and one-half years, without a single case of dermatitis. The direct contact of the tube with the patient furnishes a "ground," and does away with the air space which would otherwise be the dielectric between the tube and patient. The furher use of this new form of tube will be watched with the greatest expectation, and it is to be hoped that they can be obtained and experimented with at various clinics. It seems to hold out the promise of the most distinct advance in X-ray therapy of recent years, especially as the various methods for measuring the ray dosage have proven unsatisfactory in the hands of most operators.

Relationship of the Psychoneuroses to Eye Strain.

AT the recent meeting of the Medical Society of the Missouri Valley, Dr. L. Harrison Mettler, of Chicago, discussed the relationship of the psychoneuroses, especially headache, to eye strain. After pointing out the self-contradictions, bad physiology, and worse logic in a series of conclusions appended to a recent and elaborate article upon ocular headache by a distinguished and conservative ophthalmologist, he laid down and defended the propositions that eye strain never produces headache in the absence of a congenital or acquired abnormality of the nervous system, and that when there is an abnormal condition of the nervous system present—an abnormality which in itself may account for the headache—the ocular, like other anomalies, may and does sometimes provoke such a nervous apparatus into a distressing degree of indefinite activity along sensory, motor, and other functional lines.

In upholding these two propositions, Dr. Mettler appealed to logic, physiology, and clinical observation. He said that much of the argument in favor of the headache and other neuroses being caused by an excess of a physiological function in an otheerwise normal organism is of the mere *post hoc propter hoc* sort, and is of little real scientific value. In most cases the same sort of reasoning would enable one to fix upon other equally probable causes for the cephalalgia.

In his appeal to physiology, which clinical medicine seems so often and so strangely to ignore, he quoted many fundamental maxims to show how the great law of habituation and

REGINALD HARRISON, F R. C. S., Eng. L. S A.

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accommodation nullifies the assumed deleterious effects of mere excess of function in an otherwise normal nervous system.

In his argument from the clinical side, he pointed out the curious and suspicious fact that it is only in the functional and little pathologically known psychoneuroses that these eye strains play so important a role. One would imagine that now and then so persisent and supposedly effective a course ought to produce an organic trouble; but it never does. In no known organic nervous trouble is eye strain ever invoked as a cause. He furthermore, showed that it is incomprehensible how in an otherwise normal organism visual anomalies and muscular imbalance can originate such well established and distinct clinical entities as migraine, epilepsy, chorea, hysteria, etc. A uniform cause is always followed by a uniform result. This is a fundamental axiom of science..

It is in the cloud-land of ancient pathology and symptomatic medicine, both of which ignore the plain teachings of modern physiology and physiopathology that the belief that eye strain is and can be "the sole and sucffiient caue of headache" and other pycho neuroses flurishes.

Reginald Harrison: An Appreciation

In the death of Reginald Harrison, of London, on February 28, the field of urologic surgery has lost one of its most advanced thinkers and sturdiest advocates. His was a character of the old school; strong in expressing the force of his convictions, yet conservative in attesting the merits of his beliefs before promulgating them in his numerous and generous contributions to literature. His writings were ever given attentive consideration by the reading medical world. Through them he kept in close touch with the students of the Continent and of this country as well as of his own. An especially warm regard for his American confreres, and his belief in their appreciation were manifest in the frequency with which he contributed his thoughts though the medium of American publications. The MEDICAL FORTNIGHTLY has ever congratulated itself on the possession of his active interest as a collaborator. It had the pleasure of presenting from his pen a number of valuable essays. In reviewing the development of urology* as contributed by various nations, Bransford Lewis recently had this to say of Harrison: "The British Empire has been generous in contributing leaders in urological work. David Newman, of Glasgow, is renowned for this studious and authoritative contributions on renal surgery; and he has had worthy company in such men as Knowsley Thornton, and Henry Morris, whose writings are familiar to all who study the surgery of the kidney. In the same category is Reginald Harrison, who insisted on the necessity of external, in connection with internal urethrotomy, from the standpoint of safety, with respect to sepsis, hemorrhage and reliability; whose studies in the etiology of prostatic hypertrophy have gone at least as far as those of others in solving this mooted question; that is, they leave it still "sub judice." Harrison was early an advocate of surgical interference in renal congestion and inflammation, reporting the good effects of nephrotomy in connection with those conditions. He has been a devoted scholar of urology and his name will ever shine in the history of this branch of science."

It can be truthfully said that the influence of the life's work of Reginald Harrison has been such as to leave the world better than he found it.

Reginald Harrison was 69 years of age, and his death occurred from a pneumonia, following influenza, after an illness of eight days' duration.

*"Dawn and Development of Urology," Presidential Address, Medical Fortnightly, August 26, 1907.

COMING MEDICAL MEETINGS.

National Meetings

American Medical Association, Chicago, June 2-5, 1908.
American Association of Medical Examiners, Chicago, June 1-2, 1908.
American Gastro-Enterological Association, Chicago, June 1-2, 1908.
American Urological Association, Chicago, June 1, 1908.
Mississippi Valley Medical Association, Louisville, Ky., October 13-15, 1908.
Medical Society of the Missouri Valley, Council Bluffs, Iowa, Sept. 3-4, 1908.
Medical Association of the Southwest, Kansas City, Mo October, 1908.

State Meetings

Arkansas, Little Rock, May 13-15, 1908.
Colorado, Denver, October, 1908.
Idaho, Boise, October 8-9, 1908.
Illinois, Peoria, May 19-21, 1908.
Indiana, French Lick, June 18-19.
Iowa, Des Moines, May 20-22.
Kansas, Iola, May 5-7.
Kentucky, Winchester, October.
Michigan, Manistee, June.
Minnesota, St. Paul, October.
Mississippi,, Natchez, April 14.
Missouri, Springfield, May 19-21.
Montana, Butte, May 13-14.
Nebraska, Lincoln, May 19-21.
Nevada, Goldfield, October 6-7.
New Mexico, Albuquerque,
North Dakota, Grand Forks, May 20-21.
Ohio, Columbus.
Oklahoma, Sulphur, May 14-16.
Oregon, Portland, July.
Tennessee, Knoxville, April 14.
Texas, Corpus Christi, May 12.
Utah, Salt Lake. May 12-13.
Washington, Walla Walla, September 2-4.
Wisconsin, Milwaukee.
Wyoming, Sheridan.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly De partment Staff.

GYNECOLOGY AND OBSTETRICS.

W. H. VOGT, M. D.

Etiology and Therapy of Dysmenorrhea.—(Fritz Kermauner, Monatsschrift f. Geburts Gyn,. Bd. 26, No 5).—In this excellent article Kermauner has shown that there has been no notable progress in the treatment of dysmenorrhea during the last thirty years unless we accept as such the more rational general treatment which is now instituted and the greater number of drugs now at our disposal for symptomatic treatment. Under therapy he mentions a number of methods which oftentimes give excellent results. Considerable exercise before the menses and rest during the period is often beneficial. The dilatation of the cervix, removal of the ovaries and the uterus are mentioned as some of the more radical measurs. Cocainization of the genital spots in the nose during the attack of pain oftentimes acts very nicely. He quotes Connel who says that bicycling has cured more cases of dysmenorrhea than any other therapeutic measure.

Adenomyoma of the Uterus.—(Thomas S. Cullen, Jour. A. M. A., Jan. 11, 1908.)—In his summary Cullen says that in the examination of 50 uncomplicated diffuse adenomyoma of the uterus the mucous membrane origin of the glands could be traced in every case. In six additional cases where squamous cell carcinoma of the cervix complicated adenomyoma of the body the continuity was established in 5 cases. In the remaining 2 cases of diffuse adenomyoma of the body, the clue as to the origin of the glands was destroyed by carcinoma of the body. All adenomyomata of the uterus in which the gland elements are similar to those of the uterine mucosa, and are surrounded by stroma characteristic of that surrounding the normal uterine glands, owe their glandular origin to the uterine mucosa or to Muller's duct, no matter whether they be interstitial, subperitoneal or intraligamentary, solid or cystic.

Chorioepithelioma Malignum.—Antonio M. Crispin (N. Y. and Philadelphia Med. Jour., Jan. 8, 1908) reports a case of chorioepithelioma malignum, and mentions the physical signs and symptoms which enabled him to make the diagnosis. Among these are, enlargement of the uterus, resembling a gravid one, the profuse bleeding, and the removal of a piece of tissue, by curetting, for microscopical examination, which established the diagnosis.

The Suprarenals and Osteomalacia.—M. L. Bossi (Archiv f. Gynackologie, Bd. 83, No. 3, 1907) reviews his theory in regard to the connection between osteomalacia and the suprarenals. He claims there is no special connection between osteomalacia and goiter. The only positive facts that are known are that patients with osteomalacia, even the most severe types, get well when ovariotomy is performed; that osteomalacia usually, if not always, originates during pregnancy and becomes gradually worse in the next pregnancy while in the interval it remains stationary. As a rule it requires three pregnancies before such bony lesions occur which interfere with natural birth. The results of the experiments on sheep seem to confirm the assumption that osteomalacia is the outcome of insufficiency of the suprarenals, especially during pregnancy. It is possible that the preparations of suprarenal extract promote the formation of bone by their dissolving properties.

Mammary Glands and Ovaries.—Paul Alsberg (Zentralblatt f. Gyn., No. 51, 1907) reports two cases of removal of both tubes and ovaries on account of abscesses or cysts. In both cases the secretion of colostrum and milk in the breast could be detected. In the one case this appeared after ten days and in the other after six weeks. In five other cases in which bilateral salpingo-oophorectomy was performed, but the uterus retained, menstruation apparently continued in two cases. In all of these patients the mammary glands commenced to secrete milk and colostrum in two or three weeks after the operation. The periodical bleeding in these cases presented the characteristics of the menses. From these observations it seems that the menstrual type can be retained even after both ovaries are removed. Parts of ovarian tissues might accidentally have been left behind, but this does not explain the absence of mammary secretion when part of the ovary was intentionally left.

What Can be accomplished with Conservative Treatment of Inflammatory Diseases of the Adnexa and Pelvic Connective Tissue.—(A. Hormann, Zeitschrift f. Geburts and Gynäk., Bd. lxi, No. 1.)—In this article the "Belastungs Therapie" (weighting) is given particular attention. He says that such good results have been obtained by the conservative treatment of inflammatory conditions in the female pelvis, with weighting and superheated air, that the percentage of cases for operation has been greatly reduced in

the last few years. Operative indications were present only 7 times out of 1244 cases during the last five years. All of these patients recovered, clinically, under conservative measures. The "weighting therapy" gave particularly good results in chronic inflammatory diseases of the adnexa and around the uterus and in fixed retroflexion. He asserts that this method is unequaled for many cases of retroflexion, for it corrects the condition in such an easy and simple way.

The Treatment of Gonorrhea in Women.—(H. J. Boldt, Jour. A. M. A., Feb. 1, 1908.)—In the great majority of cases the disease is limited to the lower part of the urogenital tract, and Boldt says that if we can bring the patient at once under proper care we can generally hold the disease in check and prevent the upper parts of the genital tract from being infected. The opinions as to the proper treatment of this affection are as divergent as they were in the case of diphtheria before the discovery of the anti diphtheritic serum. Most authors are, however, agreed in stating that no active treatment should be employed during the acute stage. Rest, cleanliness and restricted diet are recommended in this stage. After the acute stage has subsided local treatments are begun. The secretion is wiped dry and applications of a 5 per cent solution of protargol are made. Boldt reviews the treatment recommended by a number of well known authors and says that it is evident from the quotations made, how widely the treatment of gonorrhea varies and how futile it would be to look upon the therapeutic measures at our command for any specific that could be depended on to abort an attack. He prefers protargol in 5 or 10 per cent solution. After all secretions have been wiped away the vaginal mucosa is freely painted with protargol; a pledget of absorbent cotton soaked in the solution is then applied over the vaginal portion and is held in place by an oridnary tampon. Silver nitrate solution of 5 per cent or 10 per cent strength has been found to be the most effectual remedy for the treatment of simple erosions of the portio. Urethritis is treated by making applications with the intrauterine applicator syringe. This treatment is repeated every second day. During the interval the patient should make use of copious vaginal douches. Some cases are cured by this method in four to six weeks' time, while others are not entirely well after six months' treatment. A most serious matter is the treatment of gonorrhea when it has passed beyond the vulva-vaginal and urethral tract. While it must be accepted as correct that for a time the gonococcic invasion may remain limited to the cervical mucous membrance, it must also be admitted that it is extremely difficult to determine just when this invasion has reached the uterine cavity. He therefore, at once, attacks the entire uterine mucosa. If consent to curettement is not given, office treatment is used. An intrauterine application is made with the intrauterine applicator syringe. The author considers this method less reliable than that of curetting and thinks it is fraught with more risk of subsequent pelvic inflammation. In that class of cases in which the adnexa are invaded with or without invasion of the pelvic peritoneum, rest in bed and the application of an ice coil or bag are recommended. Peristalsis is kept at a minimum with narcotics, and local examinations are not made unless especially indicated. After the most acute symptoms have subsided, warm vaginal douches may be given. Still later ichthyol glycerin tampons may be made use of.

Delayed Labor.—(Walter B. Jennings, N. Y. and Philadelphia Med. Jour., Jan. 25, 1908.)—Delayed labor is defined as one in which the frequency strength, duration and expulsive character of the uterine pain has been so changed as to prolong the second stage of labor, so that either the life of the mother or that of the child is endangered. The cause of uterine inertia may be local and general. Any condition causing a disturbance of the uterine muscle would tend to produce this condition, such as multiple pregnancies, uterine tumors, excess of liquor amnii as well as an overdistended bladder. Among the general causes are mentioned, (1) general lowered condition of the system; (2) certain psychic and emotional disturbances; (3) fatty changes and atrophy of the abdominal muscles or separation of the recti. As to the treatment, the author says that he believes in conservation in all things, particularly in obstetrics, and of the great need of giving Nature a chance, however, in selected cases, he believes in the early application of forceps in the second stage of labor. In conclusion he remarks that the woman about to become a mother has the right to demand every alleviation from suffering which medical science has provided, such as anesthesia, asepsis and rapid delivery. Given a case of labor with the os uteri fully dilated and obliterated, ruptured membranes, empty bladder and rectum, and asepsis, no abuse is possible. The time at which forceps should be applied depends upon the conditions that arise in each case. It is the author's rule to make use of the forceps after no progress has been made for two hours. The old idea, and one rather common among general practi-

tioners, to wait until danger signs to mother or child were present, was decidedly erroneous.

Support of the Pelvic Viscera.—W. E. Fothergill (Jour. of Obst. and Gyn. of the British Empire, Jan., 1908) concludes his article by saying that (1) the so-called ligaments of the uterus lie loosely on the subjacent structures, and have no supporting action. The broad ligament is simply a mesovorium and mesosalpinx. The utero-sacral and utero-vesical folds are incapable of resisting downward pressure, as is the round ligament, which moreover is a vestigial structure (gubernaculum ovarii et uteri). 2. The external muscular layer of the pelvic floor has a sphincter rather than a supporting action. 3. The internal muscular layer of the pelvic floor being the degenerated representation of the tail muscles of lower animals, has largely lost its muscular action, and the lower part of the levator ani merely acts as an adjuvant to the sphincters of the rectum and the sphincter vaginae. 4. The classical descriptions of the pelvic fascia should be regarded as the sheaths of the muscles, the vessels and the viscera. 5. The internal muscular layer, with its fascial investment, forms the funnel-shaped pelvic diaphragm. 6. The pelvic diaphragm does not support the pelvic organs by its muscular action. 7. The pelvic diaphragm could not support the pelvic organs in virtue of its shape, were they not firmly attached to its sloping lateral walls. 8. The attachment is accomplished by the fibrous sheaths of the blood vessels accompanying structures which supply the pelvic viscera. The one constant essential cause of prolapse is relaxation of the perivasuclar sheaths. 9. The rectum has attachments to the back of the pelvis quite distinct from those of the urogenital organs to its sides. It does not descend with them in prolapsus. When the anterior rectal wall descends in rectocele it is united with the posterior vaginal wall by cicatricial tissue, the result of infection during the healing of perineal tears.

THE VALUE OF BEAUTY.—Beauty, attendant upon a perfect Grecian nose, was valued at $2,500 by a jury in the Superior Court at Chicago recently. Dr. Bessie Andrus, a handsome young physician, suffered injury to her nose while boarding a street car some time ago, and sued for $20,000 damages. She was stepping up to the front platform when the brake was suddenly released by the motorman, and the handle struck her on the nose rendering her unconscious, and it was found that she had suffered a compound fracture of the nasal bone.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

THE necessity of sobriety in civilization has been commented upon quite frequently of late, as it has at least been realized that we are daily compelled to place our lives in the keeping of engineers, pilots, motormen, teamsters and a host of other workmen, who in a moment of alcoholic befuddlement might cause fatal "accidents." It now appears that one railroad has adopted a policy, in promotions or in weeding out when the force is reduced, of giving preference to total abstainers. Another great road has gone a step further and will employ only abstainer in certain classes. It is not a matter of sentiment, mortality or hygiene but one of business solely, for with abstainers the road has fewer losses and more profits. Employes by the thousands are signing the pledge merely as a means of obtaining a livelihood.

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MEDICAL MISCELLANY

POST HEMORRHAGIC ANEMIA.—The anemia which follows the hemorrhages of trauma, gastric or intestinal ulcers, severe epistaxis, child birth, profuse menstruation or hemorrhoids presents a clinical picture that is so well known that it requires no description. Examination of the blood immediately after a severe hemorrhage usually shows no apparent change in its number of corpuscles, for the portion lost withdrew the blood as a whole, and the portion remaining in the body, while decreased in volume, will be found to contain a normal ration of the fluid and cells. Shortly after a hemorrhage, however, the tissues of the body give up large quantities of fluid to restore the necessary volume of the blood and a condition of true hydremia ensues. Examination of the blood three or four hours after a severe hemorrhage, therefore, shows a very marked oligocythemia. Reconstruction must now take place and the response to the bodily demand is sometimes remarkably prompt, but in most instances it is a hard uphill fight. This is to be expected, for the disproportion between the cells and the fluid elements of the blood, and the depression of all vital functions, makes recuperation a difficult process at best. Much can be one, however, to assist the body in its efforts to restore normal conditions. The first and most essential requirement is absolute rest in a prone position. In some instances, it may be necessary for a few days to have the couch or bed tilted so that the patient's head shall be lower than the feet. Sudden movements or a sudden rising to an upright posture must be strictly interdicted as these are always liable to produce a fatal syncope. Following severe hemorrhage, the blood pressure is always lowered, and even if a certain degree of tension is apparently restored it is very unstable, and may be lost instantly with all of the resulting dangers on the heart and central nervous system. Another precaution to be taken is to frequently change the patient's posture from one side to the other. The hydremic state of the blood and the loss of blood tension predisposes to gravitation edema in the lungs and other organs, and the simple procedure of changing the patients position often avoids annoying and serious complications. Considerable quantities of water are always necessary after hemorrhage, but it should never be given in large amounts at any one time. Two or three tablespoonfuls at a time by the mouth every few minutes is much more beneficial than to allow a patient to drink to satiation. Excessive thirst is always soon controlled by small enemas (one pint) of saline solution, as warm as can be borne, repeated every three or four hours. These also serve admirably to very materially raise arterial tension. It is no uncommon thing to observe complete anuria for even twenty-four hours after severe hemorrhages, but the warm saline enemas soon correct this condition. Feeding is one of the most important details in post-hemorrhagic treatment. Liquid food should be used in preference to solids for obvious reasons, and may consist of milk, beef extracts, white of eggs, etc. Small quantities should be given at short intervals, as it must be remembered that the digestive function is always more or less depressed and can only do a portion of its usual work. A good reliable hematic is early necessary, one that can materially hasten hematosis without endangering the digestive and assimilative functions in any way, shape, or fashion. Pepto-mangan (Gude) is one of the most dependable remedies of this class and its hematopoietic properties are well-known. Under its use the cellular elements of the blood are rapidly increased, and the whole physical condition is greatly improved. The various organs resume their functions and the distressing and dangerous effects of hemorrhage are safely and properly overcome.—Ex.

IN constipation in well fed infants it is usually necessary to increase the fat in the milk to insure normal movements, the addition of cream being the best method, and this to be gradually increased until effective.

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Prunoids.—The following letter from Dr. James P. Hawes of Valois, New York, is typical of the complimentary expressions the Sultan Drug Co. of St. Louis, is receiving regarding their new product, prunoids: "I have practiced medicine for twenty years and all that time I have been looking for a laxative that would be pleasant to take, do its work nicely and quit there. I have never found it until prunoids came. So pleasant to take and by all comparison the best that I have ever used." The Sultan Drug Co. will be pleased to send sample of prunoids to any of our readers who will mention this Journal.

Greatest Accessory of Modern Times.—I used your H-M-C tablet in operating for ventral hernia. A previous operation failed to get union. I handled the intestines for a lesion and in closing the wound lapped the muscles well and used strong staple sutures after the Mayo method for umbilical hernia. I gave one tablet two and a half hours before operating, repeated in a half hour. During one hour's work she inhaled only twenty drops of chloroform, and could have done without that; especially if I had given the third tablet. This combination is destined to be one of the most important accessories to capital surgery in modern times.—J. M. Inge, M. D., Denton, Texas.

Information on Meatox—Granulated Beef Fibre.—(By Dr. H. Endemann of New York, abstract from der Hausdoktor, April, 1908.)—Our nourishing products, that is, the natural elements which are used as food are of two different kinds. We require heat or energy producing matter, such as starch, sugar and fat, and also matter which will build up our tissues and sustain our strength. For this latter purpose albumen and muscular fibres of meat are necessary, and these are transformed by the stomach and intestines into soluble substances which are assimilated and absorbed by the blood. When the digestive tract is weakened, this process often goes on very slowly, particularly so on account of the common vice of swallowing food without proper mastication. For many years efforts have been made to counteract the effects of this fault, by offering to the public nourishing food in pulverized form. Starchy products when pulverized become flour, farina, etc., and fats become emulsions. For forty years this idea expressed itself in different methods applied to meat. My own investigations date back about that far, and I am satisfied that the digestibility of meat is considerably enhanced by its pulverization. The older preparations, however, did not possess the very necessary qualities of retaining their strength and freshness. Mr. Charles Marchand, of New York, has now found that the strength of such preparations is materially heightened when the extractive substances of the meat are first removed. These extractive substances are stimulant but they contain no nourishment, and the digestibility of the meat is not affected by their removal. This must be considered as an absolute advancement. The product obtained is known by the name of meatox. Meatox has from time to time been analyzed by different chemists and it is absolutely free from preservatives. These analyses and physiologic experiments all show too that it contains a high percentage of digestible meat protein, that is, in round numbers about 80 per cent. Of fat it contains about 6 per cent to 7 per cent, and of celery salt used as flavoring, less than 1 per cent, indigestible substances less than 1 per cent, with water and substances forming the balance. That such a preparation has a very high value as food in cases of sickness and convalescence and in chronic malnutrition is obvious of course. But it also fills a long felt want in that field where it becomes necessary to transport food products in a form of highest possible concentration and lighest weight, for instance in the provisioning of armies and navies, and of expeditions and travelling parties into wild countries. One pound of meatox is equivalent in nourishing value to five pounds of lean, boneless beef, or the same quantity of "canned beef," which latter, when "preserved," often acts as a poison. Meatox cannot make a bouillon, because the extractive substances are missing, but if the aroma is desired, it is easily obtained by adding a small quantity of meat extract, which will act as a stimulant, but it does not add any amount of nutritious substance whatever. I know of no meat preparation which possesses such a high percentage of digestible nutriment as does meatox.